N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14721

1. PLACE OF DEATH

53 County Laclede — Registration District No. 450 — File No. 4

Township Auglaise — Primary Registration District No. 5615 — Registered No. 4

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nannie Hilton

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LL Hilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1862

7. AGE — YEARS: 69 — MONTHS: — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasco Mo 1

FATHER

13. NAME George Amick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2

MOTHER

15. MAIDEN NAME Nancy Bobitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Henry Hilton Lebanon Lincoln Pa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Cemetery DATE Apr 11 1931

19. UNDERTAKER (ADDRESS) Holman & Stewart Lebanon Mo

20. FILED 4-11 1931 W Watkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 1931

22. I HEREBY CERTIFY, That I attended deceased from Feby 14th 1931, to Apr 5 1931

I last saw her alive on Apr 9th 1931. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorage — Date of onset

210 M

210

Other contributory causes of importance:

Arteriosclerosis and injury to head & back

Name of operation none — Date of none

What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 2/14 1931

Where did injury occur? on head & back at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in no. 5 at her home

Manner of injury Hit by car

Nature of injury to head & back

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. L. Benage, M. D.

(Address) Lebanon Mo